

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026237

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 46

Primary Registration District No. 4063

Registrar's No. 38

FILED AUG 6 1962

## 1. PLACE OF DEATH

a. COUNTY

Caldwell

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Hamilton

Length of stay in 1b

Few Minutes

c. CITY

OR  
TOWN

Gallatin

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Office of Dr. H. Carter

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

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Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Dewey

Loyd

Kisor

4. DATE  
OF  
DEATH

Month

Day

Year

July 19 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-4-1901

## 9. AGE (last birthday)

61

## 10. UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Bookkeeper

## 10b. KIND OF BUSINESS OR INDUSTRY

General  
Office Work

## 11. BIRTHPLACE (City and state or country)

Macon Co. Missouri USA

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

William Kisor

## 13b. MOTHER'S MAIDEN NAME

Emma Duwe

## 14. NAME OF HUSBAND OR WIFE

Beulah Kisor

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Mrs. Beulah Kisor, Gallatin, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial infarction

INTERVAL BETWEEN  
ONSET AND DEATH

5 min

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Hypertensive cardiovascular disease

4 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from July 9 1962 to July 19 1962 and last saw him alive on July 19 1962  
Death occurred at 5:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Howard Carter M.D.

## 22b. ADDRESS

Hamilton, Mo

## 22c. DATE SIGNED

7/23/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

7-23-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

## 23d. LOCATION (City, town, or county)

Gallatin, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Hope Funeral Home, Gallatin, Mo.

## 25. DATE RECD. BY LOCAL REG.

July 29-62

## 26. REGISTRAR'S SIGNATURE

Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10130

20310

3

4 0

5 1

6

7 0

8 0

94201

10

11

127-0

132-0

1962 AUG 9 SA

Date Mailed to Dr. 7-21-62

Date received from  
Dr. Duly signed 7-24-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *R. Dickerson*

Licensed Embalmer No. 3302

P. O. Address Hallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.